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Notice of Independent Review Decision

DATE OF REVIEW: 4/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include the medical necessity of a CPMP (97799).

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of a CPMP (97799).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from 3/30/10 request for MDR, 2/19/10 indication for eval report, 2/19/10 initial interview, undated treatment plan, 8/28/09 to 1/4/10 follow up notes by MD, partial FCE reports from 6/26/09, 2/19/09, 4/30/09 and 1/19/09 and 5/28/04 CT of lumbar spine report.

: 3/3/10 denial letter, 3/23/10 denial letter, 3/15/10 reconsideration letter,

We did receive a partial copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained work related injuries on xx/xx/xx. The nature of those injuries is not described in available medical records although there is mention of the lumbar area and left shoulder being “compensable areas.”

The CT scan of the lumbar spine dated May 28, 2004 showed bilateral spondylolysis at L5-S1, mild degenerative changes, and bulging of the L4-5 disk which in combination with facet disease caused spinal and foraminal stenosis.

The notes for review from M.D. on August 28, 2009 are a follow-up visit in which he stated that the patient was complaining of constant burning pain in his lower back, more to the right side. Dr. said that the patient’s pain decreased from 3/10 to 2/10 with rest and analgesic medications and that his sleep was interrupted by low back pain. Medications at that time included Lunesta, Nexium, Ultracet, and Lexapro. Dr. described no focal neurologic deficits and said that thoracolumbar range of motion was adequate. His diagnosis was low back pain with lumbar facet syndrome and left shoulder pain with trigger points. He recommended continuing with the above-described medications and follow-up in four weeks.

On September 17, 2009, Dr. described constant burning pain with radiation to the right buttock and leg, a positive straight leg raise on the right, and no focal neurological deficits. Dr. said that an MRI was positive for L4-5 posterior herniation of the nucleus pulposus with impingement of the thecal sac and narrowing of the neural foramen. Facet arthropathy was noted at L4-5 and L5-S1. The diagnosis at that time was diskogenic low back pain with right radiation. A right L4-5 transforaminal epidural steroid injection was recommended.

On October 22, 2009, Dr. note indicated that the epidural steroid injection had been performed at L5-S1 on the right on September 23, 2009. This provided 90% relief of symptoms. The patient was complaining of constant burning lower back pain without radiation. He stated that the discomfort was increased by prolonged standing, walking, and sitting. Dr. reported that the patient’s ability to perform ADL’s had improved. He recommended walking and stretching exercises as well as continuation of medications.

On December 4, 2009, Dr. said that the patient was complaining of intermittent aching pain in the lower back radiating to the right buttock. He recommended continuation of exercise and medications and consideration of a second steroid injection if the pain increased.

The last note from Dr. is dated January 4, 2010. In that note, he said that the patient was complaining of achy, sharp pain in the lower back radiating to the right leg and difficulty with ambulation. Dr. diagnosed an L4-5 herniated nucleus pulposus and right leg radicular symptoms and recommended a repeat right L5-

S1 transforaminal epidural steroid injection. The records do not state whether or not that injection was performed. Apparently, there was a request for a chronic pain management program which was denied on two occasions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

According to available medical records, the patient injured his lower back on or about xx/xx/xx and developed a chronic pain syndrome. The patient received physical therapy, pain injections, surgery (?) and medications with no complete resolution or successful management of his chronic pain syndrome. The psychological testing described in this record indicated that the patient scored in the mild range for depression and the moderate range for anxiety. The record also indicates that he is deconditioned and has problems with normal daily living activities due to his pain and adjustment difficulties.

Looking specifically at the ODG Guidelines for a chronic pain management program, the patient does have a chronic pain syndrome with evidence of lost function that has persisted for more than five years. He continues to rely on his treating doctor for pain relief and according to the record, requires some assistance from family members or friends for basic activities of daily living. Repeated range of motion and muscle testing reportedly showed weakness and physical deconditioning.

Psychological evaluation provided for review indicated that the patient has withdrawn from social activities due to his chronic pain syndrome and has not been restored to his pre-injury functioning. He has demonstrated depression and anxiety as well as fear of functioning and difficulty sleeping. He has no prior history of psychological dysfunction and is continuing to require medications including Ultracet, Lexapro, and Lunesta to control his chronic pain symptoms.

According to this medical record, the patient has been extensively treated for his back problems with therapy, injections, and multiple medications. Surgery is also mentioned in his psychological evaluation although there is no other mention of that in the medical record. It appears that all lower levels of care have been exhausted and no additional treatment procedures other than chronic pain management are being proposed.

The patient has had an adequate multidisciplinary evaluation. A treatment plan with specifics for management of identified problems has been provided.

The patient, according to this record, has voiced motivation to change and is willing to proceed with the recommended treatment. Negative predictors of success have been addressed and are documented in the medical record. He is reportedly anxious to return to the work force and there are no current financial disputes.

This record presented for my review demonstrates that the ODG Guidelines for Pain Management Programs have been met.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

